

## FACILITIES ENGINEERING WORK REQUEST

For use of this form, see DA Pam 420-6; the proponent agency is OACSIM.

<b>PART A</b> <i>(See requestor instructions)</i>	CUSTOMER ID	DOCUMENT SERIAL NUMBER	FY	TYPE	SHORT JOB DESCRIPTION						DATE					
											DA	MON	YR			
INSTALLATION ABBREVIATION OF FACILITIES		BUILDING/FACILITY NUMBERS														
	1	2	3	4	5	6	7	8	9	10						
1																
2																
3																
REMARKS																
INSTALLATION NAME				CUSTOMER NAME				POC NAME				POC PHONE NUMBER				
WORK DESCRIPTION <i>(Description and justification of work request)</i>																
AUTHORIZED REQUESTOR <i>(Type or print)</i>							AUTHORIZED REQUESTOR SIGNATURE									
<b>PART B</b> <i>(Approving Official Only)</i>	APPROVAL ACTION CODE:			SPECIAL INTEREST CODE:			DATE									
	WORK REQUEST PRIORITY:			ESTIMATED WORK START DATE:			DA	MON	YR							
	PROGRAM INDICATOR CODE:			ESTIMATED WORK COMPLETION DATE:												
ENVIRONMENTAL IMPACT			WORK TO BE PERFORMED			WORKCLASS			APPROVAL AMOUNTS			SOURCE OF FUNDS				
YES <input type="checkbox"/>	NO <input type="checkbox"/>	ENVIRONMENTAL CONSIDERATION	<input type="checkbox"/>	IN-HOUSE	<input type="checkbox"/>	SELF-HELP	<input type="checkbox"/>	CONTRACT	<input type="checkbox"/>	TROOP	\$	FUNDED	\$	UNFUNDED	<input type="checkbox"/>	DIRECT
<input type="checkbox"/>	<input type="checkbox"/>	EIS / EIA INITIATED	<input type="checkbox"/>	TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>	AUTOMATIC REIMBURSEMENT
<input type="checkbox"/>	<input type="checkbox"/>	EIS / EIA COMPLETED	<input type="checkbox"/>	TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>	FUNDED REIMBURSEMENT
														ACCOUNT PROCESSING CODE		
DESIGN APPROVAL <i>(Please type or print name)</i>				DATE			APPROVAL AUTHORITY <i>(Please type or print name)</i>				APPROVAL ACTION			DATE		
DESIGN APPROVAL SIGNATURE				DA	MON	YR	APPROVAL AUTHORITY SIGNATURE				<input type="checkbox"/>	APPROVED	DA	MON	YR	
				<input type="checkbox"/>	DISAPPROVED											

## COMPLETION INSTRUCTION FOR DA Form 4283 - FACILITIES ENGINEERING WORK REQUEST

(Part "A" completed by requestor per instructions below)  
(Part "B" completed by the DPW in accordance with local procedures)

### PART "A"

**CUSTOMER ID:** One to three alpha numeric characters per local DPW policy.  
A code used to identify the user, occupant, owner of a facility, or the organizational activity submitting a work request.

**DOCUMENT SERIAL NO:** Must be five alpha numeric characters. Based on local procedures, this number may be generated and entered by the requestor or computer generated and assigned by DPW. It is a number which indicates a place in a series and when used in conjunction with installation number, customer identification, document type, and fiscal year, it uniquely identifies one document of a particular type.

**FISCAL YEAR:** The last digit of the fiscal year; i.e., '3' for Fiscal Year 2003.

**TYPE:** Leave blank; DPW Work Reception will complete

**SHORT JOB DESCRIPTION:** Up to 30 alpha numeric characters that provide a description with a concise summary statement of the work to be performed.

**DATE:** The date Work Request was completed (Format - 15 JUL 03).

**INSTALLATION ABBREVIATION:** Up to eight alpha numeric characters for the locally assigned abbreviation of the installation's officially designated name; e.g., Fort Benjamin Harrison abbreviated as Fort Ben.

**FACILITY NUMBER:** A code of five alpha numeric characters which represent the unique serial number assigned to a real property facility within an installation for identification through its life cycle, e.g. P0001.

**REMARKS:** At a minimum, include email address of the Primary POC and an Alternate POC for requested work.

**INSTALLATION NAME:** The official name of an Army real estate holding and the principal function as defined in the real property inventory, e.g., Fort Lee.

**CUSTOMER NAME:** The name or description of the user, occupant, owner of a facility, or the organizational activity authorized to submit a request for work consisting of up to 15 alpha numeric characters.

**POC NAME:** Name of the person responsible for specific work information about requested work consisting of up to 15 alpha numeric characters (Format - Last Name, First Name)

**POC PHONE NUMBER:** Phone number for POC of this particular work request consisting of up to 12 alpha numeric characters.

**WORK DESCRIPTION:** Description of work to include impact and justification.

**AUTHORIZED REQUESTOR:** The name of the individual who is authorized to request work.

**SIGNATURE:** Signature of Authorized Requestor.